

BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

301 South Park, Room 430
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2387 FAX (406) 841-2309
EMAIL: dlibsdp@mt.gov
WEB SITE: www.privatesecurity.mt.gov

APPLICATION PROCESS FOR LICENSURE

Please allow 14 to 21 days to process a complete application from the time it is received in the board office. If application is incomplete, or fingerprints are rejected, it will take more time.

ARMED STATUS:

Applicants requesting armed status will have firearms training by a Board Certified Firearms Instructor, and the training certificate will need to be submitted with the application to the Board office.

LICENSURE REGISTRATION TYPES: (PIT) Private Investigator Trainee

LICENSURE SPECIALTIES: (AR) Armed

LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must be a citizen of the United States
- Must be employed and supervised by a licensed private investigator.

FEES FOR LICENSURE:

| | |
|--|-----------|
| Private Investigator Trainee Application/License Fee | \$ 100.00 |
| FBI Fingerprint Processing Fee | \$ 24.00 |
| Dept. Of Justice Fingerprint Processing Fee | \$ 10.00 |

- Make check or money order payable to the Montana Board of Private Security
- DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. A license will not be issued until all materials are received and approved.

1. Completed application form and fees.
2. Completed fingerprint card.
3. A full-face photograph of head and shoulders.
4. Scanning Input Form with signature and photograph of applicant attached in space provided.
5. A list of employment for the past five (5) years by occupation, time employed, name and address of employer. Include periods of unemployment, semi-retirement, student enrollment, etc. Do not leave any gaps in the 5-year history.
6. Must include a supervisory agreement signed by the licensed private investigator that employs and supervises the PIT.

ARMED STATUS:

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MONTANA BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

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For Office Use Only

License # _____

Date Issued _____

Application for Licensure as:☐ **Private Investigator Trainee**☐ **Armed License Endorsement/Specialty**

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. NAME OF SUPERVISING PRIVATE INVESTIGATOR EMPLOYER: _____

4. PRIVATE INVESTIGATOR EMPLOYER ADDRESS _____
Street and PO Box # City and State Zip

5. HOME ADDRESS _____
Street and PO Box # City and State Zip

6. TELEPHONE: _____
Employer Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State/Country

☐ MALE☐ FEMALE

| HEIGHT | WEIGHT | EYES | HAIR |
|--------|--------|------|------|
| | | | |

9. LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if necessary):

NAME & ADDRESS OF EMPLOYER

YOUR POSITION

DATES (FROM-TO)

10. LIST TRAINING OR EDUCATION THAT PERTAINS TO YOUR LICENSURE FIELD (attach supplement if necessary):

11. EMPLOYMENT HISTORY: **Minimum of the last five (5) years must be shown and does not necessarily need to relate to employment to qualify for licensure.** If unemployed during previous five (5) years, list those dates as unemployed. Enter most recent position first. If additional space is needed, attach a separate sheet or resume.

NAME & ADDRESS OF EMPLOYER

YOUR POSITION

DATE (FROM-TO)

12. Are you a high school graduate or its equivalent? ☐ Yes ☐ No

Please answer the following questions. If you answer yes, attach a detailed explanation (names of organizations, dates, reasons, and outcome) on a supplement sheet.

13. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)? ☐ Yes ☐ No

14. Has your license (certificate) ever been forfeited or surrendered? ☐ Yes ☐ No

15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? ☐ Yes ☐ No

16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation? ☐ Yes ☐ No

17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? ☐ Yes ☐ No

18. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, involving violence, use or sale of alcohol or drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. ☐ Yes ☐ No

19. Have you ever been charged with fraud, formally or informally, in any civil proceeding? ☐ Yes ☐ No

20. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession/occupation? ☐ Yes ☐ No

21. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? ☐ Yes ☐ No

22. Do you currently hold any type of license (excluding driver's) in Montana or another state? If yes, provide the following information: ☐ Yes ☐ No

| State/Province/Territory | License Number | Date Issued | Is It Current | | Type of License |
|--------------------------|----------------|-------------|---------------|----|-----------------|
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |
| | | | Yes | No | |

23. List three references below, not related by blood or marriage. Two of the three being a former employer, individual, or firm with whom you had a working contractual agreement or had knowledge of the agreement or working relationship.

| Name of Reference | Relationship | Phone Number |
|-------------------|--------------|--------------|
| | | |
| | | |
| | | |

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana private security license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State

Notary Public

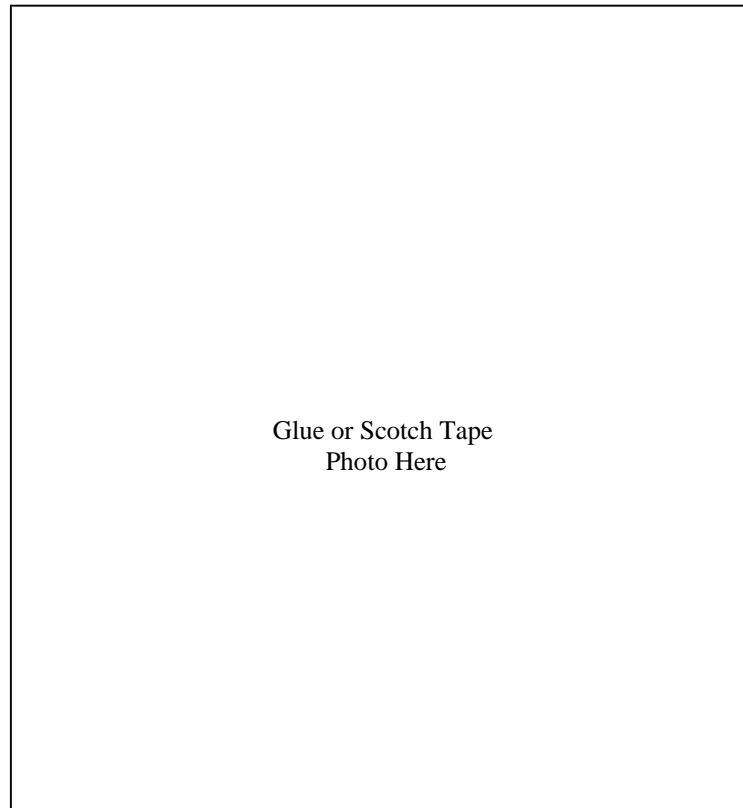
SEAL

For the State of


My commission expires _____, _____.

STATE OF MONTANA - DEPARTMENT OF LABOR AND INDUSTRY
BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

SCANNING FORM FOR PHOTO ID CARD



Glue or Scotch Tape
Photo Here



Please sign on above line